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PTO/SB/21 (09-04) Approved for use through 07/31/2006, OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/701,412 Filing Date TRANSMITTAL 10/31/2003 First Named Inventor **FORM** Debra R. Reinhart Art Unit **Examiner Name** Katherine W. Mitchell (to be used for all correspondence after initial filing) Attorney Docket Number KSC-12246-2 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC **|** Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application After Final Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name NATIONAL AERONAUTICS AND SPACE ADMINISTRATION Signature Printed name RANDALL M. HEALD, PATENT COUNSEL Date Reg. No. MAY 10, 2005 28.561 **CERTIFICATE OF TRANSMISSION/MAILING** I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

CAROL ANNE DUNN, PARALEGAL SPECIALIST

Typed or printed name

Date

MAY 10, 2005

Approved for use through 07/31/2006. OMB 0651-0032

FEE TRANSMITTAL For FY 2005    Application Number   10/701,412	Under Panerwork Reduction	on Act of 19	195 no persons ar	e required to re	U.S. Pater	nt and Tra	demark Office mation unless	; U.S. DEP it displays	PARTMENT OF COMMERCE a valid OMB control number
Fee pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4918).  FEE TRANSMITTAL FOR FY 2005  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 120  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 14-0116 Deposit Account Name: RANDALL M. HEALD  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge any additional fee(s) or underpayments of fee(s)  Charge any additional fee(s) or underpayments of fee(s)  WARNING: information on this form may become public. Credit card information and authorization on this form may become public. Credit card information and authorization on the form may become public. Credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  Small Entity Application Type  Fee (\$) F	RADE. Effecti	ve on 12/08	8/2004.						
FOR FY 2005  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 120  At Unit Katherine W. Mitchell  Attorney Docket No. KSC-12246-2  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 14-0116 Deposit Account Number Indeposit Account Number Indeposit Numbe	Fees pursuant to the Consolida				Application Nu	mber	10/701,41	2	
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And Loring Small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 120  Attorney Docket No. KSC-12246-2  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 14-0116 Deposit Account Num	For	r FY	2005		First Named In	ventor	Debra R.	Reinhart	
At Unit Katherine W. Mitchell  Attorney Docket No. KSC-12246-2  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 14-0116 Deposit Account Name: RANDALL M. HEALD  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  MARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2638.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES  FILING FEES  SEARCH FEES  SEARCH FEES  SEARCH FEES  SEMIL Entity  Fee (\$) Fee			0 07.05	D 4 07	Examiner Nam	ne	3677		
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below			-				-	DALL M	HEALD
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Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$)  Fee (\$)  200  100  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50	Provisional	200	100	0	0		0	0	
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SUBMITTED BY			
Signature	Radall truly	Registration No. (Attorney/Agent) 28,561	Telephone 321-867-7214
Name (Print/Type)	RANDALL M. HEALD		Date 05/10/2005

Other (e.g., late filing surcharge): 1.17(a)(1) Extension of time for 1 month

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